



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Robert M. Bogursky, et al.

Patent No. : 6,700,079

Issued : March 2, 2004

For : DISCRETE SOLDER BALL CONTACT
AND CIRCUIT BOARD ASSEMBLY
UTILIZING SAME

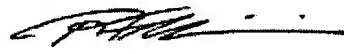
Examiner : Norris, Jeremy C.

Group : 2827

CUSTOMER NO. 27299

I hereby certify that this correspondence and
all marked attachments are being deposited
with the United States Postal Service as first-
class mail in an envelope addressed to:
Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450, on

December 29, 2008
(Date)


Robert F. Gazdzinski
Reg. No. 39,990

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:


Enclosed herewith please find the following documents for filing with regard to the
above-identified application:

1. Power of Attorney or Revocation of Power of Attorney with a new Power of Attorney and Change of Correspondence Address; and
2. Return prepaid postcard.

Respectfully requested,

GAZDZINSKI & ASSOCIATES, PC

Dated: December 29, 2008

By: 
Robert F. Gazdzinski,
Registration No. 39,990
11440 West Bernardo Court, Suite 375
San Diego, CA 92127
Telephone: (858) 675-1670
Facsimile: (858) 675-1674



POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	6,700,079
	Filing Date	March 2, 2004
	First Named Inventor	Robert M. Bogursky, et al.
	Title	DISCRETE SOLDER BALL...
	Art Unit	2827
	Examiner Name	Norris, Jeremy C.
	Attorney Docket Number	AUTO.041CP1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR
☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: 27299

OR
☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.
OR
☐ The address associated with Customer Number: 27299

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

☐ Applicant/Inventor.
OR
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Robert Bogursky</i>	Date	12-18-08
Name	Robert Bogursky	Telephone	858/535-0077
Title and Company	V.P. Engineering		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.